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CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest
Number

015-001632

GENERATOR

(Generator Must Complete)

② Name **ALUMINUM CO. OF AMERICA VERNON WORKS**

EPA NO. **C A D 0 7 4 1 2 6 6 8 1**

Address **5151 ALCOA AVE.** Phone No **588-6141**

City, State, Zip **VERNON, CA. 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES, INC.**

EPA NO. **C A D 0 8 0 0 1 2 0 2 4**

Address **900 N. POTRERO GRANDE DR.**

City, State, Zip **MONTEREY PARK, CA.**

④ Alternate TSD Facility

CHEMICAL WASTE

Name **MANAGEMENT, INC.**

EPA NO. **C A T 0 0 0 6 4 6 1 1 7**

Address **P.O. BOX 1104 430 W. ELM AVE.**

City, State, Zip **COALINGA, CA. 93210**

SFUND RECORDS CTR

999000961

⑤ U.S. DOT PROPER SHIPPING NAME U.S. DOT HAZARD CLASS UN/NA ID NO. WEIGHT OR VOLUME UNITS

WASTE

WASTE

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **#7**

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:

CONC.
UPPER

RANGE
LOWER

UNITS

CONC.
UPPER

RANGE
LOWER

UNITS

⑨ A. _____

☐ % ☐ ppm.

E. _____

☐ % ☐ ppm.

B. _____

☐ % ☐ ppm.

F. _____

☐ % ☐ ppm.

C. _____

☐ % ☐ ppm.

G. _____

☐ % ☐ ppm.

D. _____

☐ % ☐ ppm.

Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7**

☐ Toxic

☐ Flammable

☐ Corrosive/Irritant

☐ Reactive

☐ Sensitizer

☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES & WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **C A D 0 2 8 2 7 7 0 3 6**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **12-11-81**

TIME **630** ☒ AM ☐ PM

⑯

Signature of Authorized Agent and Title

Date

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **Operating Ind Inc**

18 QUANTITY (If Measured) **100 bbl**

EPA NO. **C A T 0 8 0 0 1 2 0 2 4**

19 STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME

EPA NO.

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill

☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify)

☐ Recovery or Reuse ☐ Storage/Transfer

㉓

Signature of Authorized Agent and Title

Date Accepted